



## Welcome Note from the Editor

This issue highlights the national Mental Illness Research, Education, and Clinical Center (MIRECC) conference in Portland, Oregon and also illustrates the MIRECCs' unique role in the VA in generating new knowledge and quickly bringing effective mental health treatments to clinical practice. The MIRECCs and our partners in this conference – the National Alliance for the Mentally Ill (NAMI) and the VA Readjustment Counseling Service (“Vet Centers”) – presented findings and techniques that contribute to state-of-the-art treatment for veterans. The conference included presentations from a variety of participants in VA mental health care, including veteran consumers, clinician-researchers, trainees, and administrators.

## Vietnam Veterans Speak: “We In Mental Health Save Lives”

Sonia Ancoli-Israel, Ph.D.

At the May national MIRECC conference, attendees were honored by the presence of three keynote speakers: Steven Tice, M.A., CTS, his wife, Lisa Tice, MSW, LICSW, and Moe Armstrong, MBA, M.A. Mr. Tice and Mr. Armstrong, both Vietnam veterans, have experienced mental illness. Their presentations included personal revelations and spoke to the necessity for effective mental health services in the VA. Their presence was topped only by the incredible stories of their lives.

The Tices recounted their meeting as adolescents, his catastrophic injuries in the Vietnam War, their subsequent marriage and family life, and their experiences since Vietnam. The Tices portrayed the wounds in their lives and their healing process through historical and recent photo slides and by reading excerpts from letters they sent to each other during the war. They cogently illuminated the effect

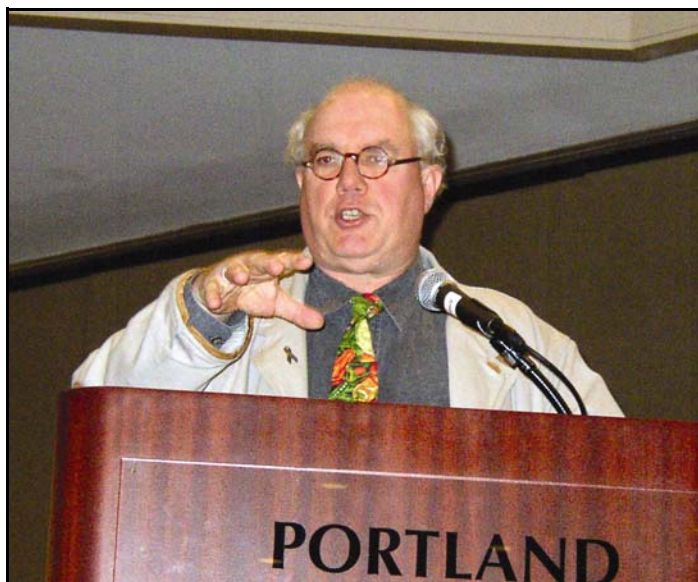


Steven and Lisa Tice after their presentation.

trauma has on the family and described the family's role in either helping or blocking recovery. Mr. Tice noted that during the entire year in the hospital, after his injury, he never saw a mental health professional, something he now wished had been available to him. Today Mr. Tice believes that sharing his experiences is a gift he can give to others to “light their path” in their efforts to get help. Although Mr. Tice finds it painful for both himself and his family to recount his story, he believes that an important way to give meaning to the horrific events of the past is to share his experiences and help others heal from their trauma.

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Moe Armstrong describes his experiences with VA healthcare

## MIRECCs Fill Void Between Pure Research and Clinical Practice

Katy Ruckdeschel, Ph.D.

In 1995 Dr. Kenneth W. Kizer, former VA Under Secretary for Health, recognized in his *Vision for Change* what has since been echoed in the 1999 Surgeon General's report: a gap exists between what we know to be optimally effective treatment and what is offered in actual practice settings. The challenge to the healthcare community was and still is "to speed the transfer of new evidence-based treatments and prevention interventions into diverse service delivery settings and systems" (U.S. Department of Health and Human Services, 1999, p. xi). The MIRECCs were designed to meet this challenge. Reflecting a new, comprehensive model for translating research findings into clinical practice, the MIRECCs play a unique role in the VA by generating new knowledge about the causes and treatments of mental disorders, developing new treatments, disseminating information, and incorporating evidence-based treatments into clinical practice.

Briefly, *evidence-based practice* refers to the use of interventions that have undergone an extensive evaluative process. Beginning with basic science studies that test mechanisms of disease, followed by clinical studies that examine treatment efficacy, and culminating in health services research that evaluates effectiveness, these investigations allow us to establish "best practice" guidelines for treating particular disorders.

At the May 2003 national MIRECC Conference in Portland, Greer Sullivan, M.D., Director of the VISN 16 MIRECC, presented "The Challenge of Evidence-Based Care," in which she described different models for bringing best practices into real-world clinical settings. According to Dr. Sullivan, the VA and other large systems traditionally have relied upon a top-down "engineering" model for improving health care, one that is led by researchers and in which research findings are disseminated through formal publications and applied uniformly across all healthcare systems. This model assumes that providers look to the published literature for information and modify their practice accordingly. However, evidence shows that the top-down model generally fails to alter clinical practice; simply providing information is not sufficient to cause a change in behavior.

To foster adoption of best clinical practices, Dr. Sullivan encouraged the use of multiple models. In addition to the engineering model, healthcare systems could benefit from using a bottom-up "farming" model which calls for studying actual clinical practices, and a "partnership" model in which researchers partner with clinicians for the entire research process, from identifying topics for study to gathering and interpreting data. To promote active learning and behavior change, information should be disseminated on an ongoing, rather than one-time, basis and care providers should be given feedback regarding their behavior. These open channels of communication also

allow researchers to learn directly from clinicians about the issues confronting them.

The MIRECCs represent an integration of the engineering, farming, and partnership models. By linking clinicians with researchers and fostering ongoing dialogue, the MIRECCs promote research on clinically relevant topics. At the same time, the MIRECCs establish channels of communication for providing feedback to these same clinicians, as well as to the broader clinical community, based on study findings. Two recent MIRECC efforts in VISNs 20 and 4 presented at the Portland conference serve as good examples of this process.

Murray Raskind, M.D., Director of the VISN 20 MIRECC, presented a study of the impact of the alpha-1 adrenergic antagonist, Prazosin, on nightmares experienced by veterans with PTSD. This study illustrates how the MIRECCs generate new knowledge in clinically relevant areas. Although overall PTSD severity is improved somewhat by SSRIs, these medications often are not helpful for PTSD nightmares and sleep disturbance. Seeking an alternative treatment and noting that PTSD symptoms are associated with excess brain noradrenergic activity, Dr. Raskind hypothesized that reducing brain response to norepinephrine by blocking alpha-1 adrenergic receptors would reduce nightmares, sleep



Murray Raskind, M.D. presents his work on PTSD

Photo by Michael Kauth

disturbance, and other PTSD symptoms. He selected Prazosin, a lipid-soluble alpha-1 antagonist that gains access to the brain, because of its safety record, short half-life, and relatively low cost. First, Dr. Raskind conducted an open clinical trial of Prazosin with combat veterans at the VA Puget Sound. This study showed a significant reduction in distressing dreams among veterans receiving Prazosin. Dr. Raskind followed this study with a placebo crossover study in which Prazosin was

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## EDUCATION ACTIVITIES

<b>VISNs 1,3,4 &amp; 5 Joint Conference</b> April 2004	<b>Homelessness &amp; SMI: From the Streets to Recovery</b> Atlantic City, NJ Contact: Ruckdesc@mail.med.upenn.edu
<b>VISN 1</b> September 18, 2003	<b>Recovery and Hope: Integrating the Psychosocial Model &amp; Medical Model of Care</b> Springfield, Mass Sheraton Hotel Contact: Laurie Harkness, Ph.D. 203-931-4062
<b>VISN 3</b> January 16, 2004	<b>Psychosocial Rehabilitation of Dual Diagnosis Individuals</b> NY Harbor VA, Manhattan Contact: Bruce.Levine@med.va.gov
<b>VISN 4</b> Spring 2004	<b>Addiction Grand Rounds</b> Pittsburgh, PA Contact: DaleyDC@upmc.edu
<b>VISN 5</b> Spring 2004	<b>Women and Substance Abuse</b> Baltimore, MD Contact: Jean.Gearon@med.va.gov
<b>VISN 16</b> Ongoing 2003-2004	<b>Monthly Web-based Conference Series</b> Third Thursdays at noon Contact: Michael.Kauth@med.va.gov
<b>VISN 20</b> Ongoing 2003-2004  Ongoing 2003-2004	<b>"MIRECC Presents,"</b> a bi-weekly V-Tel Conference on a range of mental health topics  <b>All-City Palliative Care Conference</b> First Friday of the month Portland VAMC Contact: Shannon.squire@med.va.gov
<b>VISN 21</b> Spring 2004  TBA	<b>PTSD &amp; Health Care: Primary Issues &amp; Needs of the Veteran</b> VA Palo Alto Health Care System Contact: Jennifer.Gregg@med.va.gov  <b>6th Annual Updates in Dementia: Translating Research into Practice</b> Contact: james.dandrea@stanford.edu
<b>VISN 22</b> November 3-4, 2003  November 13-14, 2003	<b>Hot Topics in Pharmacogenomics</b> Biltmore Hotel, Los Angeles, CA Contact website for information: <a href="http://149.142.238.229/isp/la2003program.asp">http://149.142.238.229/isp/la2003program.asp</a>  <b>Invitational fMRI Seminar and Junior Investigator Grant Writing Workshop</b> Huntington Beach, CA Contact: Kathy.Arndt@med.va.gov

## NATIONWIDE MIRECCs

<b>VISN 1</b>	
<b>Bruce Rounsaville, M.D., Director</b> West Haven, Connecticut <a href="http://www.mirecc.org/other-mireccs/visn1/visn1.html">http://www.mirecc.org/other-mireccs/visn1/visn1.html</a> <b>Improve care for veterans with mental illness and substance dependence</b>	<b>(203) 932-5711 x7401</b>
<b>VISN 3</b>	
<b>Larry Siever, M.D., Director</b> Bronx, New York <a href="http://www.va.gov/visns/visn03/mirecc.asp">http://www.va.gov/visns/visn03/mirecc.asp</a> <b>Investigate causes and treatments of serious mental illness</b>	<b>(718) 584-9000 x3704</b>
<b>VISN 4</b>	
<b>Ira Katz, M.D., Ph.D., Director</b> Philadelphia, Pennsylvania <a href="http://www.va.gov/visn4mirecc">http://www.va.gov/visn4mirecc</a> <b>Advance care for veterans with concurrent physical, mental and/or substance use disorder</b>	<b>(215) 349-8226</b>
<b>VISN 5</b>	
<b>Alan S. Bellack, Ph.D., ABPP, Director</b> Baltimore, Maryland <a href="http://www.va.gov/visn5mirecc">http://www.va.gov/visn5mirecc</a> <b>Improve care for veterans with schizophrenia and for their families</b>	<b>(410) 605-7451</b>
<b>VISN 16</b>	
<b>Greer Sullivan, M.D., M.S.P.H., Director</b> North Little Rock, Arkansas <a href="http://www.mirecc.org/other-mireccs/Visn16/visn-16.html">http://www.mirecc.org/other-mireccs/Visn16/visn-16.html</a> <b>Close the gap between mental health research and clinical practice</b>	<b>(501) 257-1712</b>
<b>VISN 20</b>	
<b>Murray A. Raskind, M.D., Director</b> Seattle, Washington <a href="http://www.mirecc.org/other-mireccs/Visn20/visn-20.html">http://www.mirecc.org/other-mireccs/Visn20/visn-20.html</a> <b>Investigate the genetics and neurobiology of schizophrenia, PTSD and dementia</b>	<b>(206) 768-5375</b>
<b>VISN 21</b>	
<b>Jerome Yesavage, M.D., Director</b> Palo Alto, California <a href="http://mirecc.stanford.edu">http://mirecc.stanford.edu</a> MIRECC Fellowship Hub Site <b>Individualize treatments for veterans with PTSD or with Alzheimer's Disease</b>	<b>(650) 852-3287</b>
<b>VISN 22</b>	
<b>Stephen R. Marder, M.D., Director</b> Los Angeles, California <a href="http://www.mirecc.org">http://www.mirecc.org</a> <b>Improve functional outcomes of veterans with psychotic disorders</b>	<b>(310) 268-3647</b>

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administered for six weeks. Results of this study were dramatic, with significant reductions over time and relative to placebo in distressing dreams, difficulty sleeping, re-experiencing/intrusions, avoidance/numbing, and hyperarousal. Blocking alpha-1 adrenergic receptors with Prazosin is a treatment, not a cure, as nightmares usually return within 1-2 days after Prazosin is discontinued. However, Dr. Raskind's studies open the door to using a new class of medication to treat the distressing and debilitating symptoms of nightmares and sleep disturbance in PTSD.

Ira Katz, M.D., Ph.D., VISN 4 MIRECC Director, highlighted the MIRECCs' role in translating research findings into clinical practice. Along with collaborator David Oslin, M.D., Dr. Katz examined mental health screening practices in primary care clinics and determined that routine screening was not resulting in the numbers of referrals that would be expected based on normative prevalence data. The investigators worked with clinicians to discover what obstacles interfered with screening and referral. When practitioners converged in noting uncertainty in knowing what to do with a positive screen, Dr. Oslin devised

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## Editorial Board

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## MIRECCs Fill Void *(Continued from page 5)*

the Behavioral Health Laboratory, which provides follow-up assessment and referral for patients who screen positive for depression. The Behavioral Health Lab assessment generally is completed over the telephone and provides a diagnosis of current Axis I psychiatric disorders and severity ratings. It is being expanded to evaluate alcohol and drug use, as well. For all patients assessed, a written summary, similar to a lab report, is sent to the primary care provider to assist in treatment planning. Patients identified as having severe mental health or substance use problems are automatically referred for care in the behavioral health clinic. As they implement this intervention, the investigators have the opportunity to educate primary care practitioners regarding the detection and front-line treatment of depression and other psychiatric and substance use disorders. The Behavioral Health Lab is also a tremendous source of clinical and health services utilization data and further supports research on the integration of mental health and substance use treatment with primary and specialty care. This innovative, clinically useful intervention exemplifies the MIRECCs' value in simultaneously supporting research, education, and improvements to clinical care.

The MIRECCs provide a unique opportunity for researchers and clinicians to work together to improve health care for veterans. By creatively bringing new and existing knowledge to everyday clinical practice, the MIRECCs are leading the way in making evidence-based practice a reality.

Kizer, K.W. (1995). *Vision for Change: A Plan to Restructure the Veterans Health Administration*. Washington, DC: US Government Printing Office.

U.S. Department of Health and Human Services (1999). *Mental Health: A Report of the Surgeon General—Executive Summary*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. ♦

## Closing Note From the Editor

The Portland conference, most of all, emphasized the importance of partnerships – from local to national – in providing seamless, state-of-the-art mental health care for veterans. Local providers (VA medical centers and Vet Centers) benefit from partnerships with community support groups (state NAMI affiliates) and by support from national governmental and non-governmental programs (VA Office of Informatics, VA Office of Telemedicine, VA Strategic Mental Health Care Group, VA Readjustment Counseling Service, and NAMI). The MIRECCs reinforce and utilize these partnerships to gain new knowledge of best practices and integrate those practices into routine clinical care.



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